**Intersectionality and the Psychology of the Tuskegee Study Doctors**

There is a question that deserves addressing considering the differing factors that affect global race, disease and medicine, along with the intersectionality of oppression which covers numerous fields of studies: *How does the culture of medicine produce unequal racial outcomes even when race itself is not necessarily the primary motivation driving those outcomes?* In order to analyze this question in its totality, this essay will look into the psychology of the doctors themselves.

It is important to lay some ground work first. Many doctors expressed intellectual arrogance, and many of these same doctors, in the first part of the Twentieth Century, believed in the idea of 'scientism.' This term is defined by Clifford D. Conner, a writer, historian, and faculty member of CUNY Graduate Center, in his book, *A People's History of Science: Miners, Midwives, and Low Mechanicks* as a "blind faith in the ability of science to solve all problems." This view led to unethical schemes like eugenics, and whose proponents thought that it would serve as an "easy scientific answer for intractable social ills" which ended up being horribly wrong as seen in the results of The Holocaust. Today, one could say that the United States is a prison of laws, where American slavery involved the commodification of the human body, making the body directly a commodity. Today, such a monstrosity has been ended,[1] but there are parallels to slavery that are seemingly invisible to Big Pharma, prison-industrial-complex, and other forces. For them, if the black story compromises the quest for profit, it is ignored and as a result, a veil is constructed that obscures the exploitation of blacks in American medicine. Even more importantly, due to the oppression of prisoners, informed consent not really possible in the prisons, and then it becomes a question of who speaks for the prisoners. There is something deeper and scarier: the use of informed consent as a mechanism to pursue projects which are suspect because of the exploitation of blacks, the poor, disabled, etc... At worst these would deliberately categorize and classify the study subjects to exploit them so they become commodities. In principle, even with informed consent, the non-therapeutic experiments continue and informed consent leads to the protection of the doctors as it gets abused. As a result, you have an effective strategy where race is

[1] There is some debate if forms of slavery still exist in the US, like debt slavery which would include students who have lots of loans to pay for their education and wage slavery or one's life being tied to a wage.

removed as a first cause of an experiment, while simultaneously you are repeating exploitative practices. Let us not forget that while the Peonage Act of 1867, which wasn't really enforced during and after the Reconstruction, seemingly made peonage, including sharecropping, illegal, and that the Thirteenth Amendment allows slavery and involuntary servitude "as a punishment for crime whereof the party shall have been duly convicted."[2]

The best example which brings together all of these factors is a movie titled the *Temple of Science*, a volume of an eight-part series, released in 1993, about Johns Hopkins Hospital.[3] This hospital, in East Baltimore, has nearby conditions that are deeply impoverished and serve as a disease-breeding grounding, which is reminiscent of the Third World, according to one interviewee. More importantly, in a hospital where people can wait 10 hours or more to wait for a doctor, patients are bit by bit dehumanized, and are in a sense seen as the enemy, according to another interviewee. At the same time, problems that might have been dealt with in out-patient medical care are dealt with inside hospital walls. If this isn't enough, patients are seen as something that will be a lot of work, or some work, and they are subsequently dehumanized, as one person, who was an intern, said at the beginning. Let us not forget that hospitals like Hopkins have only 1% of patients, but that much of the medical training happens there, making it in the view of one interviewee to be a false model of Hopkins because it only includes a small spectrum of disease. Additionally, medical students look at rare diseases they may never see again. As MSN entertainment describes the episode, while the hospital "excels at teaching and treating serious illness [it]...has less success providing basic care" and there is "a lack of communication" between doctors and patients.[4] At the same time, one doctor keeps saying that there is a lot of work involved in helping a patient, time and time again, and that many patients seem to come at the middle of the night.

This goes on. Another doctor says there is too much emphasis on the very sick patients while other says this emphasis is out of sync with what actually happens. This is connected to the drive to

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2 http://www.law.cornell.edu/constitution/amendmentxiii. However, in *Jones v. Alfred H. Mayer Co.* (1968) the Supreme Court said Congress may pass laws preventing private actors from imposing "badges and incidents of servitude"

3 https://www.nytimes.com/movies/movie/250016/Medicine-at-the-Crossroads-Vol-1-Temple-of-Science/overview and

4 http://tv.msn.com/tv/episode/medicine-at-the-crossroads/temple-of-silence-code-of-silence/

prevent hospitalization meaning long-term care and a pull of resources that would go to preventative measures. Many of the new doctors learn from patients with bad conditions. One female doctor described the relations in the hospital with people acting like they are part of a war and they become they are much harder toward others which shows through their other patients. This connects to a need for a good amount of learning from those patients who have been living in the inner-city, something which is not done. Another doctor says something that is unconsciously racialized: that a black patient's problems should have been dealt with a long time ago, a view which is not only negative but it also degrades the patient. The church featured in the episode provides preventive care as part of the Heart, Body and Soul project, something which conventional medicine has not provided. The project tries to get doctors to come out into the community, since as one interviewee puts it: doctors don't want to come out to the community and aren't trained that way. There is something even more. The interviewed Reverend says people have lost their faith in doctors which is partly because people are becoming literally numbers on computer screens, and machines work on patients which removing the personal emphasis by hands-on doctors. He solemnly remarks that while there is a need for street doctors in today's neighborhoods, currently, family doctors are very scarce since they can't get much money. As the episode closes, the so-called therapy of the doctors, which isn't based on well-researched studies, fails miserably as a nice older black male patient dies 'unexpectantly' from a heart attack.

To bring this back to the question itself, one must consider the intersectionality of numerous systems of oppression that weigh down on the medical community: means social class, gender, lack of disability, heteronormity and more. All of these hierarchies become part of the medical culture surrounding experimentation which is still in poorer areas of cities, usually among those who are black. In the end there is something more: even while race may not be a primary factor, it is still ingrained in places such as Johns Hopkins consciously or unconsciously as institutional racism.